

# Foster Family Home - Corrective Action Report

Provider ID: 1-160029

Home Name: Mariasa Garcia, CNA

Review ID: 1-160029-6

1058 Uluwale Street

Reviewer: Maribel Nakamine

Wahiawa

HI

96786

Begin Date: 4/17/2021

## Foster Family Home

## Required Certificate

[11-800-6]

8.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/17/2021.

## Foster Family Home

## Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 845-2.7, HRS.

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(d)(2)(C) A caregiver, substitute caregiver, or other adult residing in the community care foster family home, except for adults receiving care, is a perpetrator of abuse as defined in section 346-222, HRS.

8.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department. Requests for exemptions must be:

8.(e)(1) Submitted by the applicant for licensure or certification, case management agency, or home;

8.(e)(2) In writing, on forms provided by the department; and

Comment:

8.(a)(1),(2)- HHM#5 without a current result of APS/CAN/Fingerprinting in the CCFFH binder.

8.(d)(2)(C)- CG#2's APS/CAN fitness determination dated [REDACTED] with a [REDACTED] determination. Results of [REDACTED]

8.(e), (e)(1), (e)(2)- No [REDACTED] application obtained by CG#2/CCFFH.

3 Person Fire Safety,  
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- No monthly fire drill completed for March 2021.

## Foster Family Home

## Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medication side effects present in Client #1's chart.

## Foster Family Home - Corrective Action Report

Foster Family Home      Client Account      [11-800-48]

48.(a)      The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

48.(b)(2)      Used as the home funds or petty cash.

Comment:

48.(a)- Client #3 without a completed Personal Allowance Record. CG#1 unable to provide current balances and funds of client.

48.(b)(2)- Client #1 was being charged [REDACTED] by the CCFFH for supplies of [REDACTED] as evidenced of a copy of a billing statement to client's POA. Client #2 & Client #3 were being charged for supplements of [REDACTED] as reported to CTA by CG#1 during CCFFH inspection.

Foster Family Home      Quality Assurance      [11-800-50]

50.(a)      The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 and CG#3 without evidenced of having been trained in the CCFFH's Emergency Preparedness Plan.

Foster Family Home      Insurance Requirements      [11-800-51]

51.(a)(2)      Automobile; and

Comment:

51.(a)(2)- Auto insurance policy in the CCFFH binder was missing information of coverages and dates of coverage.

Foster Family Home      Records      [11-800-54]

54.(c)(2)      Client's current Individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #2's Service Plan expired on 12/16/2020; also no signature of POA/Client in Service Plan dated 6/16/2020. Client #3's Service Plan dated 10/20/2020 had no signature of POA/Client.

*Maribel Nakumire, LSW*      4/17/2021  
Compliance Manager  
*Marina Z. Rami*      4/17/2021  
Primary Care Giver      Date

CTA RM Compliance Manager: Maribel Nakamine

Community Care Foster Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on Certificate: MARISSA Z. GARCIA  
(Please Print)

CCFFH Address: 1058 Ulukale St. Wahiawa HI 96786  
(Please Print)

Rule Number	Corrective Action Taken- How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again?
8.a.1 8.a.2	HHM#5's current result of Fingerprinting APS/CAN is completed and placed in the CCFFH binder	04/18/2021 04/19/2021	In the future, when adding a new household member, he will fill out and complete all of the forms with the results before living in home.
8.d.2.C	CG#2's APS/CAN fitness [REDACTED] determination has been filed for an [REDACTED] application	05/3/2021 In process	Home will ensure to apply for an [REDACTED] application every 2 years and attached all of the previous documents that was submitted and granted regarding the issue from [REDACTED] and place it in the CCFFH binder.
8.a.1 8.a.2	CG#2 [REDACTED] application had been completed and placed in the CCFFH binder	05/3/2021 In process	Home will ensure to apply for an [REDACTED] application every 2 years and attach all of the previous documents that were submitted and granted regarding the issue from [REDACTED] and place it in the CCFFH binder.
3P.b.1	Fire drill was done by the CH#1. Form has been put into the home binder.	04/18/2021	Fire drills will be done by each caregiver at least once a year. Home developed a schedule and has it's reminder on each of their smartphones.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Marissa Z. Garcia Date: 05/14/2021

☒ CTA has reviewed all corrected items

CTA RM Compliance Manager: Maribel Nakamine

**Community Care Foster Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on Certificate: MARISSA Z GARCIA  
(Please Print)

CCFFH Address: 1058 Uluwale St. Waihawa HI 96786  
(Please Print)

Rule Number	Corrective Action Taken- How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again?
47.c	The list of medication side effects for Client #1 is attached in her chart and completed	05/02/2021	In the future, the list of updated medication and side effects of it for each patient will be attached into their chart at all times.
48.a	Client #3's personal allowance records is completed along with her current balances and funds	04/18/2021	In the future, the personal allowance record form will be updated monthly and not just the summary of the whole year.
48.b.2	Client #1 is no longer being charged extra [redacted] for the supplies every month. And client #2 and #3 will not be charged for [redacted] and CG#1 will purchase out of her pocket.	05/01/2021	In the future, CG #1 will make sure to read and understand the important updated rules and regulations of Hawaii Administrative Rules to prevent future corrective actions and violations.
50.a	CG#2 and CG#3 have completed and signed the CCFFH's Emergency Preparedness Plan and placed in the home binder	4/22/2021	In the future, all the caregivers need to be trained and sign the CCFFH Emergency Preparedness Plan before performing with the patients.
51.a.2	The auto insurance policy and dates of coverage are placed in the CCFFH binder and completed.	04/18/21	CG#1 will make sure the updated auto insurance policy and dates of coverage is in the home binder.
54.c.2	Client #2 and #3 service plans are updated and signed.	04/30/2021	In the future, all client's service plan will be updated and signed every 6 months

☒ All items that were fixed are attached to this CAP

PCG's Signature: Marissa Z. Garcia Date: 05/14/2021

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: MARUSSA Z. GARCIA

(PLEASE PRINT)

CCFFH Address: 1058 Uluwale St. Wahiawa HI 96786

(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
8.D.2C	CG# 2 APSCAN & HESS [REDACTED] has been temporarily moved out until legal cases have been resolved. Attached are attorney copies.	07/31/21	Home will ensure to apply for [REDACTED] application every 2 years and place in the CCFFH binder.
8.E.2	CG# 2 [REDACTED] has [REDACTED] Moved out dated July 31, 2021	07/31/21	Home will update documents as needed.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Maruessa Z. Garcia

Date: 08/31/2021

☒ CTA has reviewed all corrected items